

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTC-876)						SERIAL NO. <i>97676876</i>	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19	/		X				69	
20	/			X			70	
21	/				X		71	
22	/					X	72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38	/		/		/		88	
39	/		/		/		89	
40	/		/		/		90	
41	/		/		/		91	
42	/		/		/		92	
43	/		/		/		93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	11		11		1		TOTAL IND.	
TOTAL DEP.	15	←	15	←	6	←	TOTAL DEP.	
TOTAL CLAIMS	26		26		7		TOTAL CLAIMS	